

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		04-20-01
O.I.P.E. CLASSIFIER		10	5-11-01
FORMALITY REVIEW	H.L.	1079	06/06/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral).... Canceled    A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	5/11/01
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Claim	Date
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If more than 150 claims or 10 actions  
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